

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Methodist HospitalsCity: Gary County: Lake Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	78	2,739	17,730	\$2,791
ICU Neonatal	18	51	1,325	\$31,264
ICU Pediatric	0	0	0	\$0
Medical/Surgical	293	14,132	72,505	\$1,194
Neonatal Intermed	18	226	2,567	\$2,399
Obstetrics	52	2,259	5,698	\$1,503
Pediatric	37	798	2,195	\$1,596

Psychiatric	36	1,092	6,842	\$1,550
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	107	1,910	24,762	NA
Acute Subtotal	639	23,207	133,624	NA
Normal Newborn	79	1,792	3,962	\$530

II. Outpatient Visits			
Circulatory System	2,123	Digestive System	2,106
Endocrine System	601	Injuries and Poison	1,549
Mental Disorder	90	Musculoskeletal	2,351
Neoplasms	1,493	Nervous	669
Respiratory	743	Urinary	2,007
Other/Unknown	90,350	Total Visits	111,662
Number of Visits to Emergency Department			51,755
Percent of Emergency Department Visits of Total Visits			46.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	Y - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
Y - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Ophthalmic Surgery	N - Optometric Service	Y - Organ Bank
Y - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	Y - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	Y - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
Y - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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